

**State of New Jersey**

**PUBLIC EMPLOYEES**

**OCCUPATIONAL SAFETY AND HEALTH**

**COMPLAINT**

| STATE USE ONLY  |                   |
|---|-------------------|
| Complaint No.   | Date Rec'd        |
| Date Closed   | Investigator Code |
| Completed By<br>[    ] Complainant    [    ] Department |                   |

[illegible]

|   |  |   |
|---|--|---|
| 15. Approximate Number of Employees in Area | a. Are there employees who believe they have health problems related to the complaint?<br>[ ] Yes [ ] No | b. Number of employees experiencing symptoms: |
|---|--|---|

16. Type of work done in the area (i.e., clerical, maintenance, firefighter)

17. Materials handled (chemicals, cleaning compounds, etc.)

|  |                     |
|--|---------------------|
| 18a. To your knowledge, has there been a previous inspection related to the complaint?<br>[ ] Yes [ ] No | b. If Yes, by whom? |
|--|---------------------|

|                    |                          |
|--------------------|--------------------------|
| c. Date Inspected  | d. Outcome of Inspection |
| ____ / ____ / ____ |                          |

**State of New Jersey**

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OCCUPATIONAL SAFETY AND HEALTH**

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Complaint No.

**C O M P L A I N T**  
**(Continued)**

19. To your knowledge, has this complaint been the subject of any union/management grievance or have you (or anyone you know) otherwise called it to the attention of, or discussed it with, the employer or any representative thereof?

☐ Yes      ☐ No

If Yes, give the results, thereof, including any efforts by management to correct the violation.

|                                     |                                  |
|-------------------------------------|----------------------------------|
| 20. Name of Union                   | 21. Local Number                 |
| 22. Name of Employee Representative | 23. Telephone Number<br>(      ) |
| 24. Title                           |                                  |

**THE INFORMATION BELOW WILL REMAIN CONFIDENTIAL UPON REQUEST**

25. Please indicate your desire:

☐ DO NOT REVEAL MY NAME TO THE EMPLOYER.      **OR**      ☐ MY NAME MAY BE REVEALED TO THE EMPLOYER.  
☐ I WANT TO BE PRESENT WHEN THE INSPECTION IS CONDUCTED.

26. The complainant, whose signature appears below (check one):

- ☐ Employee  
☐ Representative of Employees  
☐ Employer  
☐ Other (Specify):

|   |                          |            |
|---|--------------------------|------------|
| 27. Name of Complainant (Print or Type) | 28. Signature            | 29. Date   |
| 30. Street Address                      |                          |            |
| 31. City, State, Zip                    |                          | 32. County |
| 33. Telephone Number<br>(      )        | 34. Best Time to Contact |            |

**IF YOU ARE AN AUTHORIZED REPRESENTATIVE OF EMPLOYEES  
AFFECTED BY THIS COMPLAINT, COMPLETE THE FOLLOWING:**

|                             |
|-----------------------------|
| 35. Name of Organization    |
| 36. Your Organization Title |